

MULTIPLE DEPEN.  
CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

MULTIPLE DEPEN. CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 01593614	FILING DATE				
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2		1				52							
3		1				53							
4		1				54							
5		1				55							
6		1				56							
7		1				57							
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12		1				62							
13		1				63							
14	1					64							
15		1				65							
16		1				66							
17		1				67							
18		1				68							
19		1				69							
20		1				70							
21		1				71							
22		1				72							
23						73							
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42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	2	↓			↓								
TOTAL DEP.	20	←			←								
TOTAL CLAIMS	22	████████			████████								